

United States Bankruptcy Court for the Northern District of California

Fox Ortega Enterprises, Inc.

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
First Name Middle Name Last Name

(Spouse, if filing)

Case number: 16-40050

Form 1340 (12/19) (Modified for use in the Northern District of California, US Bankruptcy Court)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount: **\$72,069.06**

Claimant's Name: Michael Duke Thomson

Claimant's Current Mailing
Address, Telephone Number,
and Email Address:

35 Ave. Munoz Riviera #1204
San Juan , Puerto Rico, 00901
703.928.7800
mthomson@hudson-advisors.com

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☒ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party presently entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee (originally owed the funds).

4. Notice to United States Attorney

☒ On the Applicant Declaration date stated below, Applicant sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
Northern District of California
450 Golden Gate Avenue
P.O. Box 36055
San Francisco, CA 94102

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: May 14, 2024

Michael Duke Thomson

Signature of Applicant

Michael Duke Thomson

Printed Name of Applicant

Address: 35 Ave. Munoz Riviera #1204
San Juan, Puerto Rico, 00901

Telephone: 703.928.7800

Email: mthomson@hudson-advisors.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF Puerto Rico

COUNTY OF San Juan

This Application for Unclaimed Funds, dated

May 14, 2024 was subscribed and sworn to before
me this 14th day of May, 2024 by

Michael Duke Thomson
(Print Name of Applicant)

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public Yahir Caro Dominguez

My commission expires: Permanent

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated

_____ was subscribed and sworn to before
me this _____ day of _____, 20____ by

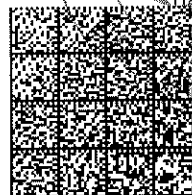
_____ (Print Name of Applicant)

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public _____

Sello



9397
02/23/2024
\$5.00

Sello de Asistencia Legal
80004-2024-0223-46471170

My commission expires: _____